



MISSOULA
COUNTY PUBLIC SCHOOLS

Health and Wellness Leadership Council

Subcommittee Standards and Recommendations

June, 2007

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MISSOULA COUNTY PUBLIC SCHOOLS

BOARD POLICY 2510

INSTRUCTION

Health and Wellness

Good health and wellness are positively correlated to success in school and contribute to the overall well being of each member of the community. The Missoula County Public Schools Board of Trustees recognizes that improving health and wellness is a community issue and that our schools are a vital part of the community. Missoula County Public Schools aspires to be a model school district that demonstrates a culture of comprehensive health and wellness. Therefore, Missoula County Public Schools will collaborate with the Missoula community in developing and implementing community and school standards for health and wellness in each of the following areas:

- nutrition (to include guidelines for reimbursable school meals and other food available at school, school dining areas and nutrition education),
- physical activities and access to fitness opportunities and facilities,
- mental health,
- indoor environmental health,
- access to health care,
- advertising that supports healthy decisions,
- employee health and wellness,
- professional development for teachers about health and wellness, and
- education for students about health and wellness.

The Missoula County Public Schools Board of Trustees shall direct the Superintendent to establish a Health and Wellness Leadership Council. This council shall include community and District leaders and experts on health and wellness, parents and students. After initial subcommittee work to develop standards for the components above, the Health and Wellness Leadership Council will review those standards and assess the District's current status in each area and develop recommendations for implementation. After that, this council will meet at least annually to review progress toward standards in various components of the health and wellness initiative and will be responsible for reporting that progress to the Superintendent and, ultimately, to the Board of Trustees who will determine priorities within this initiative and other District efforts.

Legal Reference: Public Law 108-265, Section 204

Policy History:

First Reading to PN&P Committee on April 26, 2006

First Reading to Board of Trustees on May 9, 2006

Posted for Public Input until June 21, 2006

Second Reading to PN&P Committee on June 28, 2006

Adopted on: July 11, 2006

INTRODUCTION

In May of 2006, public and staff interest and input were solicited in order to form the subcommittees referenced in the Missoula County Public Schools Health and Wellness Policy. Based on interest, subcommittees for Advertising that Promotes Healthy Decisions and Professional Development for Teachers About Health and Wellness were not formed. During the 2006-2007 school year, the various other subcommittees met to conduct research and formulate the following standards and recommendations.

The district has many priorities and the subcommittees recognize that funding is always a consideration in initiating and implementing any assessments and in the implementation of any of the health and wellness standards and recommendations.

The subcommittees continue to meet as time and interest permits. Needs assessments and the construction and revision of standards may be ongoing as is appropriate.

Gail D. Becker, Ed. D.
Assistant Superintendent for Curriculum and Instruction
Missoula County Public Schools

NUTRITION

Linda Samel – Chair

Recommendations

Section 204 of the Child Nutrition and WIC Reauthorization Act of 2004 required all school districts participating in the National School Lunch Program to approve a local wellness policy. The law mandates that the wellness policy include goals for nutrition education, physical activity and other school-based activities, as well as guidelines for all foods and beverages available on school campuses during the school day, with the objectives of promoting school health and reducing childhood obesity.

Missoula County Public Schools approved Health and Wellness Policy #2510 on July 11, 2006. It states that MCPS aspires to be a model school district that demonstrates a culture of comprehensive health. To aid in becoming a model district, the MCPS Health and Wellness Leadership Council asked subcommittees to develop standards to address the nine wellness components identified in the Wellness Policy. Based on this request, the Nutrition Subcommittee began meeting on June 22, 2006 to address the first of the nine components: ***“nutrition (to include guidelines for reimbursable school meals and other food available at school, school dining areas and nutrition education)”***.

We appreciate the collaborative energy of District staff and over 20 participants who have contributed to date, and we are welcoming and encouraging as many concerned students, staff, parents and community members to join in the discussions that lie ahead.

Research shows good nutrition can improve academic performance, result in a lower incidence of illness and improve school attendance. Poor nutrition can affect a child’s health, behavior and ability to concentrate. The trend indicated by the following statistics is cause for action:

- **Inadequate consumption of key food groups deprives children of essential vitamins, minerals, fats and proteins that are necessary for optimal cognitive function.**
- **Less than 17% of Montana high school students eat the recommended daily servings of fruit and vegetables.¹ Only about 33% of school age children, age 2-19 eat two servings of fruit on any given day and about 30% consume 3 servings of vegetables a day. One-fourth of all vegetables eaten by elementary school-age children is French fries, a high-fat, low nutrient vegetable.²**
- **An estimated 17 percent of children and adolescents ages 2-19 years are overweight (defined by the National Health and Nutrition Examination Survey (NHANES),**

¹ Centers for Disease Control and Health Promotion (2005). *The Obesity Epidemic and Montana Students, Youth Risk Behavioral Survey*. Accessed on October 24, 2006 from CDC website <http://www.cdc.gov/HealthyYouth/overweight/pdf/Montana.pdf>

² Pyramid Serving Intake by US Children and Adults.(2000) U.S. Department of Agriculture. Agriculture Research Service. Beltsville, MD.

Centers for Disease Control and Health Promotion (2005). *The Obesity Epidemic and Montana Students, Youth Risk Behavioral Survey*. Accessed on October 24, 2006 from CDC website <http://www.cdc.gov/HealthyYouth/overweight/pdf/Montana.pdf>

using measured heights and weights, as greater than or equal to 95th percentile of the age- and sex-specific Body Mass Index or BMI.) This figure is up from 11% in 1984³

- **Overweight is common enough among children that it is now considered an epidemic and 61% of overweight 5-10 year-olds have one or more adverse risk factor for heart disease.**⁴

We recognize that the family bears the primary responsibility for ensuring that children receive proper nutrition. However, as children spend about half of their waking hours at school, and since an estimated 35-50% of children's calories are consumed in the school setting, it cannot be denied that schools can play a major role in the development and practice of lifelong eating habits.

The Nutrition Subcommittee is unanimous in recommending that the following standards be incorporated into the school environment to promote and protect children's health, well-being, and ability to learn. They were developed using federal guidelines, as well as the latest research and recommendations in nutrition for school-age children. The recommendations are written to be implemented in yearly increments. The 06/07 school year defined as the 'basic' standard. Several test pilots and research programs conducted throughout the country contributed to the development of the nutrition standards, and our community is engaged in its own research pilots to understand and implement the best local recommendations.

Additionally, as each standard was developed, factors such as food cost, food storage, preparation, labor costs and overall financial and participation implications were considered. We designed an implementation plan that is realistic and incremental. We understand there may be financial peaks and valleys as we move forward on the high road toward better nutrition standards. **We strongly urge the Leadership Council and School Board to recognize that our school meals program is an essential component of our District's mission to educate children.** Recognize with this document, the desire and efforts of the MCPS food service program to improve its products and service, and please stand up for these efforts by investing in this positive change. We are optimistic, based on many precedent-setting achievements of other Districts, that providing healthier foods and beverages will not only improve our children's overall health and well-being, but also will actually improve the school lunch programs' participation rate and overall revenue in the long run.

With the continuing collaboration of this process our efforts will be well-grounded and integrated into the larger picture of building a healthier community. They will foster a healthy school environment that supports parents and teachers as they encourage children to establish healthy eating behaviors, which should be maintained throughout their lives.

³ National Centers for Health Statistics. *Prevalence of Overweight Among Children and Adolescents: United States, 1999-2002*. Access on October 24, 2006 from their Website

http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese03_04/overwght_child_03.htm

⁴ World Health Organization Global Strategy on Diet, Physical Activity and Health. World Health Organization. Accessed on October 24, 2006 from World Health Organization Web Site
<http://www.who.int/dietphysicalactivity/publications/facts/obesity/en/>

Basic	Improved	Proficient	Superb
<p>All school meals comply with USDA regulations and state policies.</p> <p>At least 50% of cereals offered contain no more than 6% of weight from added sugar per serving.</p> <p>Use only 100% juices.</p> <p>Whole grain** foods are offered daily. <i>**defined: 51% of grains used are whole grain</i></p> <p>Use Montana-grown food when price and availability permit, and adequate staff and facilities are in place for safe processing.</p> <p>Limit milk offerings to 1% and skim milk only, with the exception of special diets. Research, pilot projects regarding the reduction or elimination of flavored milk. Tracking of milk consumption may begin in some schools in Jan, 2007.</p>	<p>Eliminate the use of sugars as a toast topping</p> <p>Daily, at least 1 meal option contains no more than 30% of calories from fat and less than 10% from saturated fat.</p> <p>Fresh fruits will be offered 2 times per week. Cut fresh fruits into serving sizes appropriate for age*. <i>*Exception: locally grown apples too small for wedge machine to cut.</i></p> <p>At least 50% of all foods containing grains are whole grain* products.</p> <p>Increase the dietary fiber content of breakfast meals.</p> <p>Food Service staff will work together with community partners to expand the use of Montana-grown food.</p> <p>The sodium content of breakfast meals will not exceed 600 mg.</p> <p>Beginning the first day of the school year, limit milk offerings to unflavored 1% and skim milk only, with the exception of special diets.</p>	<p>Limit use of clear juices to two times per week.</p> <p>Fresh fruits will be offered 3-4 times per week. Cut fresh fruits into serving sizes appropriate for age*.</p> <p>Reduce the sodium content of meals.</p>	<p>All cereals offered contain no more than 6% of weight from added sugar per serving.</p> <p>Fresh fruits will be offered daily.</p> <p>Expand the offerings of whole grain foods as much as possible beyond 50% of total offerings.</p> <p>Certified organic foods will be offered whenever price and availability permit.</p> <p>Servings of: Cereals, baked goods, etc. contain < 230 mg sodium;</p>

Basic	Improved	Proficient	Superb
<p>All school meals comply with USDA regulations and state policies.</p> <p>When averaged over one week, lunch meals contain no more than 30% of calories from fat and less than 10% of calories from saturated fat.</p> <p>Fresh fruits and vegetables will be offered 3 times per week. Cut fresh fruits and vegetables into serving sizes appropriate for age*. <i>*Exception: locally grown apples too small for wedger machine to cut.</i></p> <p>Limit the use of Iceberg lettuce to 50% of salad ingredients; 50% will be more nutrient-dense vegetables.</p> <p>Use Montana-grown food when price and availability permit, and adequate staff and facilities are in place for safe processing.</p> <p>Whole grain** foods are offered daily. <i>**defined: 51% of grains used are whole grain</i></p> <p>Averaged over one week, k-8 lunches will not exceed USDA minimum calorie requirements by more than 10 calories per meal</p> <p>The sodium content of meals will not exceed 1500 mg.</p> <p>Limit milk offerings to 1% and skim milk only, with the exception of special diets.</p>	<p>Daily, at least 1 lunch option contains no more than 30% of calories from fat and less than 10% of calories from saturated fat.</p> <p>Limit the use of foods containing trans fats.</p> <p>Fresh fruits and/or vegetables will be offered daily.</p> <p>Food Service staff will work together with community partners to expand the use of Montana-grown food.</p> <p>At least 50% of all foods containing grains are whole grain* products.</p> <p>Averaged over one week, K-5 lunches will contain at least 6 grams of fiber; grades 6-8 lunches will contain at least 7 grams of fiber.</p> <p>Pilot the elimination of flavored milk in at least 2 elementary schools and track milk consumption.</p>	<p>Daily, a choice of 4 fruits and/or vegetables (to include some fresh) will be offered.</p> <p>Introduce a variety of vegetarian/meatless meals each month.</p> <p>Reduce the sodium content of meals</p> <p>Limit flavored milk to once a week in all schools. Consideration will be given to the results of the pilot program.</p> <p>Limit the use or sale of foods containing corn syrup.</p>	<p>Eliminate the use of foods containing trans fats whenever price and availability of alternate foods permit.</p> <p>Certified organic foods will be offered whenever price and availability permit.</p> <p>Expand the offerings of whole grain foods as much as possible beyond 50% of total offerings.</p> <p>Daily, one vegetarian/ meatless lunch option will be offered.</p> <p>Meals containing legumes will be offered at least once a week.</p> <p>Servings of: Cereals, crackers, chips, baked goods, etc. contain < 230 mg sodium; pasta, meat, soup, etc contain < 480 mg sodium; main dishes, sandwiches, pizza contain < 600 mg sodium</p> <p>Eliminate flavored milk, if findings from the pilot program support such action.</p> <p>Eliminate the use of foods containing corn syrup from school meals whenever price and availability of alternate foods permit.</p>

	Basic	Improved	Proficient	Superb
<p>A la carte K-8</p> <p>All other food and beverage items sold in school cafeteria or in other locations by school Food Service</p>	<p>A la carte items comply with USDA regulations prohibiting the sale of “foods of minimal nutritional value” where school meals are served.</p> <p>Limit beverages to water, 100% fruit juice, and 1% or skim milk</p>	<p>At least 50% of items offered meet the following criteria per serving.</p> <ul style="list-style-type: none"> • No more than 35% of calories come from fat with the exception of nuts, seeds, nut or seed butters, and dairy products • No more than 35% of weight come from added sugars • Calories do not exceed 200 per selling unit, with the exception of entrees 	<p>At least 75% of items offered meet the following criteria per serving.</p> <ul style="list-style-type: none"> • No more than 35% of calories come from fat with the exception of nuts, seeds, nut or seed butters, and dairy products • No more than 35% of weight come from added sugars • Calories do not exceed 200 per selling unit, with the exception of entrees 	<p>At least 100% of items offered meet the following criteria per serving.</p> <ul style="list-style-type: none"> • No more than 35% of calories come from fat with the exception of nuts, seeds, nut or seed butters, and dairy products. • No more than 35% of weight come from added sugars • Calories do not exceed 200 per selling unit, with the exception of entrees

	Basic	Improved	Proficient	Superb
SCHOOL EVENTS INITIATED BY STAFF Including but not limited to: Classroom Events, Celebrations, Class Snacks, Meetings, Parties, Family Resource functions	Recommendations provided for classroom celebrations and events All events taking place during scheduled meal times must meet minimum NSLP guidelines regardless of funding source.	50% of all food & beverages should meet the following standards: no more than <ul style="list-style-type: none"> • 7 grams of total fat excluding nuts, seeds and dairy products • 15 grams sugar excluding: Fresh fruit, Dried Fruit and 100% Fruit Juice 	75% of all food & beverages should meet the following standards: no more than <ul style="list-style-type: none"> • 7 grams of total fat excluding nuts, seeds and dairy products • 15 grams sugar excluding: Fresh fruit, Dried Fruit and 100% Fruit Juice 	All food & beverages Should meet the following standards: no more than <ul style="list-style-type: none"> • 7 grams of total fat excluding nuts, seeds and dairy products • 15 grams sugar excluding: Fresh fruit, Dried Fruit and 100% Fruit Juice
SCHOOL SPONSORED AFTER SCHOOL PROGRAMS	All beverages and snacks meet minimum NSLP guidelines regardless of funding source.	Snacks on 2 days of the week meet the following standards: : no more than <ul style="list-style-type: none"> * • 35% total calories from fat, excluding nuts, seeds and dairy products • 10% total calories from saturated fat • 35% added sugar by weight 	Snacks on 3 days of the week meet the following standards: : no more than <ul style="list-style-type: none"> * • 35% total calories from fat, excluding nuts, seeds and dairy products • 10% total calories from saturated fat • 35% added sugar by weight 	Snacks on all days of the week meet the following standards: : no more than <ul style="list-style-type: none"> * • 35% total calories from fat, excluding nuts, seeds and dairy products • 10% total calories from saturated fat • 35% added sugar by weight
VENDING SNACK FOODS	Pre K-8: No snack vending .			

* To calculate % of calories from fat -divide total calories from fat by calories per serving, this gives you the % of calories from fat.

Example: On a nutrition label where calories from fat are 60 and calories per serving are 180 you divide 60 by 180 = 33% of calories come from fat

Calculate % of calories from saturated fat the same way, total calories from saturated fat divided by total calories = % from saturated

To calculate % of added sugar by weight: divide grams of added sugar by grams per serving = % of added sugar by weight

	Basic	Improved	Proficient	Superb
<p>COMPETITIVE FOODS K-8</p> <p>All food, beverages and snacks sold or served on school campuses during breakfast or lunch that are not part of the nonprofit school food service.</p>	<p>Items comply with USDA regulations prohibiting the sale of “foods of minimal nutritional value” where school meals are served.</p> <p>Sale of items of minimal nutritional value not allowed 1 hour before thru 1 hour after scheduled meals times.</p>	<p>Sale of competitive foods not allowed 1 hour before thru 1 hour after scheduled meals times.</p> <p>At least 50% of items offered meet the following criteria per serving.</p> <ul style="list-style-type: none"> • No more than 35% of calories come from fat with the exception of nuts, seeds, and nut or seed butters • No more than 35% of weight come from added sugars • Calories do not exceed 200 per selling unit 	<p>At least 75% of items offered meet the following criteria per serving.</p> <ul style="list-style-type: none"> • No more than 35% of calories come from fat with the exception of nuts, seeds, and nut or seed butters • No more than 35% of weight come from added sugars • Calories do not exceed 200 per selling unit 	<p>100% of items offered meet the following criteria per serving.</p> <ul style="list-style-type: none"> • No more than 35% of calories come from fat with the exception of nuts, seeds, and nut or seed butters • No more than 35% of weight come from added sugars • Calories do not exceed 200 per selling unit
<p>CLASSROOM REWARDS K-8</p> <p>All food, beverages and snacks, used as rewards during the school day</p>	<p>Recommendations provided for classroom rewards</p>	<p>Provided Recommendations for classroom rewards followed at least 50% of the time</p>	<p>Provided Recommendations for classroom rewards followed at least 75% of the time</p>	<p>Food is not used as a reward</p>

Unlike those foods provided by the National School Food Program, competitive foods served or sold on school grounds do not necessarily have to meet established federal nutritional standards. The presence of these often high sugar, high fat foods and snacks can severely undermine a school’s attempt to provide and maintain a healthy food environment for their students and contribute to the epidemic of overweight and obesity in our nation’s youth. By adopting specific nutrition standards for these competitive foods, schools can make certain that even competitive foods are healthy and tasty.

Healthy Snack Recommendations

From the Nutrition Sub-Committee

Our goals are to:

1. Increase awareness of nutrition and healthy choices
2. Increase consumption of healthy foods
3. Promote understanding of changes in cafeteria/school lunches
4. Engage school community, parents, and faculty in efforts

The quick and easy guide to healthy eating is to serve fresh fruits and veggies, whole grains, and low-fat dairy whenever possible. Stay away from highly processed foods with additives, preservatives, and colorings. Minimize diet or low-carbohydrate items as they send the wrong message to kids.

More specifically:

- 35% or less of a snack's total calories should come from fat (10% or less from saturated plus trans fat). Many chips and cookies are high fat. Check out alternatives in your grocery's healthy eating section.
- 35% or less of a snack's weight should come from sugars, excluding sugars occurring naturally.
- Beverages should contain less than 20 grams of sugar per 10 ounces, therefore sodas should be eliminated. Fruit juices, milk, seltzer, and water are good alternatives.
- Serve caffeine-free beverages, with the exception of low-fat chocolate milk.
- Serve no artificial sweeteners.

Attached you will find a list of healthy snack options. We hope this list will be helpful to you when making decisions about what snacks to send to school for your child. It is important to encourage your child to try new things when eating and to talk to your kids about healthy choices. Most importantly, the adults in your child's life need to set a good example too.

Fruits and Vegetables

Apple wedges or rings
Applesauce
Banana chunks
Broccoli
Carrot curls/baby carrots
Cauliflower
Celery (stuffed with peanut butter, cream cheese, cheese)
Cherries
Cucumber rings or sticks
Dried fruit
Fruit kabobs

Grapes in bunches
Green peas in the pod
Green and red pepper strips
Kiwi
Melons; including cantaloupe, casaba, honeydew, watermelon (cubes or small wedges with the rind left on)
Orange and tangerine sections or wedges
Peaches (fresh)
Pear wedges (fresh or canned)
Plums (fresh)

Strawberries
Tomatoes (cherry or grape)
Zucchini strips

Veggie sushi
V-8
Don't forget the veggie dip

Breads, Crackers, Cereals

Whole wheat or whole grain bread (Try different kinds of bread and various shapes made with a cookie cutter)
Brown rice cakes (with cream cheese, ricotta cheese, cottage cheese, or peanut butter)
Cereal and granola
Cookies: oatmeal, molasses, gingersnap, animal crackers, vanilla wafers, or fig bars
Crackers: whole wheat, graham crackers, snack bars
Muffins: corn, bran, English, blueberry, oatmeal
Popcorn
Pretzels (whole wheat)
Tortilla rolls

Snacks Made With Beans, Cheese, Eggs, Meat, Peanut Butter

Bean dips
Low-fat cottage cheese with diced fresh or canned fruit
Chunks of quality cheeses and string cheese
Crackers with cheese spread or peanut butter
Hard-cooked eggs
Hummus
Meat cubes and other lean meats or meat and cheese kabobs
Nuts and seeds: peanuts, cashews, almonds, soy, sunflower
Yogurt low-fat or non-fat

PHYSICAL ACTIVITIES AND ACCESS TO FITNESS OPPORTUNITIES AND FACILITIES

Steven Gaskill – Chair

Grades K-5	Basic	Improved	Proficient	Superb
Recess/ Lunch	N/A	One 20 minute recess offered daily.	Students have 1, 20 min. recess and a break every 2 hours. Recess before lunch	Students have 2 outdoor structured recesses and a break every 2 hours.
Health Enhancement	Enough to meet content and performance standards	One 30 minute class offered daily for physical activity.	Daily class with 50% of the time structured for moderate to vigorous play and activity. Train current teachers to recognize moderate and vigorous activity.	Daily class with 60% - 70% of the time allocated to moderate to vigorous play. Taught by a teacher licensed in P.E. Also, Students learn about target heart range, strength, cardio, and calisthenics.
Classroom	N/A	Children given opportunity for movement every hour with short activities.	Opportunities for movement every hour plus physical, such as the “CATCH” program activities incorporated into a lesson.	Opportunities for movement every hour plus physical, such as the “CATCH” program activities incorporated into a lesson. Students run/walk 1 mile as part of school day before school or lunch.
Extra-curricular	N/A	Offer at least 1 program for physical activity.	Offer at least 1 program for physical activity. Limit bussing to encourage walking to and from school.	Offer a variety of physical activity opportunities, most of which are vigorous and teach lifetime sport skills. Limit bussing; offer incentives for walking or riding a bike to school.
Equipment	N/A	Each school has an indoor and an outdoor area for play. Known length walking/running lap or route should be marked.	Indoor/ outdoor play areas. Plus, outdoor play equipment (swings, slides, monkey bars) and a field big enough to accommodate 2 sports (i.e. soccer field and a basketball court) with available equipment.	Indoor/ outdoor play areas. Outdoor play equipment, a couple of fields for sports and enough room for all children. (A soccer field, softball field, basket ball court). Indoor gym offers several choices for activities (i.e. jump ropes, basketballs, parachute, climbing rope, nets, etc.) Access to gyms and fields from dawn to dusk for all.
Commuting by Human Powered Movement	N/A	Safe routes mapped. An area for bikes to be parked and locked provided.	Safe mapped routes. Area for bikes to be locked. Bussing limited to encourage walking/biking. Possible ½ mile distant bus drop-off/pick-up with monitored walking route.	Safe mapped routes. Bike park area to be locked. Bussing limited to encourage walking/biking. Incentives offered for walkers/ bikers. Possible ½ mile distant bus drop-off/pick-up with monitored walking route. Organized “walkpool” or “bikepool” program.

Grades K-5	Basic	Improved	Proficient	Superb
Special Physical Activity Needs Strategies	N/A	Children with special needs are included whenever possible or given alternative ways of being physically active.	Children with special needs or disabilities are included whenever possible or given alternative ways of being physically active. Children who may be at a different skill level or are obese are made to feel safe to participate.	Children with special needs or disabilities are included whenever possible or given alternative ways of being physically active. Children who may be at a different skill level, or are obese are made to feel safe to participate. A program with consideration to this population is in place. Assistants or teachers aids are present for helping those children and adapting activities.
Parents Involvement	N/A	Send out monthly newsletter on physical activity opportunities in the city for parents and their youth.	Send out newsletters with strategies for improving students and parents physical activity habits with a large focus on “life-time” physical activities	Send out news letters and have presentations at monthly PTA meetings with strategies for improving students and parents Physical Activity habits with a large focus on “Life-time” physical activities. Offer monthly family MOVE outings for kids and parents.
In School Education	N/A	Basic “Physical Activity Pyramid” in all schools in visible hall and classroom locations.	“Physical Activity Pyramid” in all schools in visible hall and classroom locations. Plus, monthly rotating posters on specific activity topics.	“Physical Activity Pyramid” in all schools in visible plus, monthly rotating posters on specific activity topics. Combine this with a coordinated newsletter and programs for parent (see above).
Faculty and Staff	N/A	Basic exercise physiology and obesity prevention information.	Have available fitness testing to all faculty and staff who are interested and basic exercise physiology and obesity prevention information.	Provide fitness testing and basic exercise physiology, lifestyle physical activity and physical education to all staff (target heart range, strength, cardio, and calisthenics).

K-5 Implementation Steps:

- Fall 2007: Inventory will be completed with each school as to status.
Each school (faculty, parents and students) will decide on one or more areas that they would like to improve.
This will be completed by Univ. of Montana students (Steven Gaskill)
- Spring 2008: Begin Implementation strategies. This will be initiated by individuals or groups most able to implement the strategy.
Monitor progress via University of Montana, Health and Human Performance dept., student research.

During the spring of 2007, students in grades 2-8 in 6 area schools (3 elementary and 3 middle) were monitored for intensity and time of physical activity using activity monitors. The final report on that data with about 350 students will be available by July, 2007. A summary of the preliminary data from the 1st 180 students is included below.

Physical Activity Patterns in 2nd through 8th Grade Students, Missoula, MT

Steven E. Gaskill¹, Laura Mohar¹, Carla Cox¹, Tucker Miller¹, Kelly Rice²,

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Background: Physical activity is a critical determinant of long term health and for the prevention of youth onset – adult diseases. The CDC has recommended that all youth should accumulate 90 or more minutes of moderate to vigorous physical activity most days of the week. **Purpose:** To evaluate the physical activity patterns of Missoula youth in order to better suggest recommendations for physical activity interventions for a well policy. **Methods:** 180 elementary and middle school students from 6 schools, grades 2-8, were randomly selected from a larger pool of volunteers. Participating students wore Actical® accelerometer for 5 days on the non dominant wrist with data collected in 1m epochs. The data were corrected using a double pass smoothing spline developed in our lab. Activity count data were converted to activity energy expenditure ($\text{ml} \cdot \text{min}^{-1} \cdot \text{kg}^{-1}$) using the methods of Heil, et al. The data were evaluated for time in sedentary, light, moderate and vigorous activity and separated by age, grade, gender, BMI, and socio-economic status. The data were further separated by weekdays vs. weekend; in school vs. out of school, time in recess, time in physical education and time in sport. **Results:** The data show better than national average in min of moderate to vigorous physical activity (MVPA) overall, in-school, out of school and during PE. Boys and girls were not generally different in MVPA. There is a dramatic drop in MVPA when students go from elementary school to middle school (both in and out of school). **Conclusions:** These data suggest an overall healthy youth PA local environment and that the Missoula School System and Dept. of Public Health along with associated agencies are being effective in promoting physical activity in Missoula. However, the 26% of Missoula 2nd - 8th grade students who are not meeting health PA guidelines remains a concern and the disparity between activity levels based on socioeconomic status needs to be addressed.

These data were collected as a public service by students and faculty in the Health and Human Performance Department at the University of Montana.

Major K-5 Problems: *22% of 2nd-5th grade students do not meet physical activity (PA) guidelines and lower socio-economic (SE) schools have lower PA than do higher SE schools.

***18% of 2nd – 5th grade students were overweight. Being overweight was associated with lower PA scores.**

Grades 6-8	Basic	Improved	Proficient	Superb
Lunch	N/A	Children given an opportunity for movement during lunch.	Children given movement opportunity such as offering a recess.	Children given several specific activities/opportunities for movement during lunch hour, a recess, a program for running a mile or laps. Encouraged/rewarded/charted.
Health Enhancement	67.5 hours of instruction for one semester out of the year. Not specific to how much is education and how much is PA	A daily P.E. course offered for at least 20 minutes per day.	A daily 30 minute course offered with 60% (18 min.) of the time devoted to moderate to vigorous exercise. Train current teachers and consider a PIR day with education on exercise physiology.	A daily 40 minute course offered with 60% - 70% of the time (28 min.) devoted to moderate to vigorous exercise. Class taught by instructor with a four year degree in physical education, exercise science or related field (future hires).
Classroom	N/A	Students are given an opportunity for movement every hour.	Students get to move every hour. Teachers (not PE) integrate a “take-10” physical activity into their day either within the curriculum or as a specific movement time – such as at each bell.	Students get to move every hour. Teachers (not PE) integrate two take-10 activities into the student’s day. Methods developed to encourage more walking every day including ‘longer routes to classes’, structured times for walking. This concept requires programs individualized to each school and grade.
Health Enhancement Curriculum	Monitor aerobic activity (Heart Rate Monitor). Participate in Mod. & Vig. in a variety of settings. Participate daily in some form of health enhancing PA. Intro to principles of training.	Learn “life-long” sports and activities alongside regular sports. Cover topics such as target heart range, etc	Learn “life-long” sports as well as regular sports. Cover topics such as target heart range, etc. Curriculum to include “Designing Physical Activity Programs for Health.” A general covering of health topics.	Learn “life-long” sports or activities as well as regular sports. Cover a wide range of exercise science topics such as target heart range, strength, cardio, and calisthenics. A good covering of general health topics. Integrates a daily HE plan with classroom teaching and school life to encourage moderate to vigorous physical activity throughout the school year.
Extra-curricular	N/A	Some intramurals or clubs for physical activity offered.	Some intramurals or clubs for physical activity are offered. Some organized sports teams for both girls and boys.	A variety of intramurals and clubs for physical activity are offered. A variety of organized sports for both girls and boys. At least one of which has a “no-cut” policy and which encourages students who are normally less active. A and B teams possible. Two or more programs offered for students with disabilities.
Commuting with Human Powered Movement	N/A	Students are made aware of safe-routes. Plenty of Bike racks available.	Students know the “safe-routes,” bussing is limited to encourage walking/biking. Bus drop-off and pick-ups located away from school with monitored route to school (1/3-1/2 mile). Plenty of bike racks available.	Students know the safe-routes. Bussing is limited and incentives offered for walking or biking. Bus drop-off and pick-ups located away from school with monitored route to school (1/3-1/2 mile). Walkpools, bikepools, offered. Plenty of bike racks available.

Grades 6-8	Basic	Improved	Proficient	Superb
Equipment	N/A	All middle schools should have an open out-door field for play as well as a gymnasium for physical activities.	An indoor and outdoor facility for physical activity that can accommodate at least two sports as well as some balls, jump ropes, exercise mats.	Spacious indoor and outdoor facilities provided. Fields and/or courts for at least four sports. Sufficient sports equipment to meet demand and for many different activities. Gymnasium, fields, and courts left open for community use. Activity technology available for both classroom and PE teachers and students to enhance daily physical activity lessons (e.g. pedometers, heart rate monitors, websites).
Special Physical Activity Needs Strategies	N/A	Children with special needs are included whenever possible or given alternative ways of being physically active.	Children with special needs or disabilities are included whenever possible or given alternative ways of being physically active. Children who may be at a different skill level or are obese are made to feel safe to participate.	Children with special needs or disabilities are included whenever possible or given alternative ways of being physically active. Children who may be at a different skill level, or are obese are made to feel safe to participate. A program with consideration to this population is in place. Assistants or teachers aids are present for helping those children and adapting activities.
Parents Involvement	N/A	Send out monthly newsletter on physical activity opportunities in the city for parents and their youth.	Send out newsletters with strategies for improving students and parents physical activity habits with a large focus on “life-time” physical activities	Send out news letters and have presentations at monthly PTA meetings with strategies for improving students and parents Physical Activity habits with a large focus on “Life-time” physical activities. Offer monthly family MOVE outings for kids and parents.
In School Education	N/A	Basic “Physical Activity Pyramid” in all schools in visible hall and classroom locations.	“Physical Activity Pyramid” in all schools in visible hall and classroom locations. Plus, monthly rotating posters on specific activity topics.	“Physical Activity Pyramid” in all schools in visible plus, monthly rotating posters on specific activity topics. Combine this with a coordinated newsletter and programs for parent (see above).
Faculty and Staff	N/A	Basic exercise physiology and obesity prevention information	Have available fitness testing to all faculty and staff who are interested and basic exercise physiology and obesity prevention information.	Provide fitness testing and basic exercise physiology, lifestyle physical activity and physical education to all staff (Target heart range, Strength, cardio, and Calisthenics)

6-8 Implementation Steps:

- Fall 2007: Inventory will be completed with each school as to status.
Each school (faculty, parents and students) will decide on one or more areas that they would like to improve.
This will be completed by Univ. of Montana students (Steven Gaskill)
- Spring 2008: Begin Implementation strategies. This will be initiated by individuals or groups most able to implement the strategy.
Monitor progress via University of Montana, Health and Human Performance dept., student research.

During the spring of 2007, students in grades 2-8 in 6 area schools (3 elementary and 3 middle) were monitored for intensity and time of physical activity using activity monitors. The final report on that data with about 350 students will be available by July, 2007. A summary of the preliminary data from the 1st 180 students is included below.

Physical Activity Patterns in 2nd through 8th Grade Students, Missoula, MT

Steven E. Gaskill¹, Laura Mohar¹, Carla Cox¹, Tucker Miller¹, Kelly Rice²,

¹The University of Montana, HHP Dept. . ²Missoula City and Country Public Health Dept. Missoula MT. email: steven.gaskill@umontana.edu

Background: Physical activity is a critical determinant of long term health and for the prevention of youth onset – adult diseases. The CDC has recommended that all youth should accumulate 90 or more minutes of moderate to vigorous physical activity most days of the week. **Purpose:** To evaluate the physical activity patterns of Missoula youth in order to better suggest recommendations for physical activity interventions for a well policy. **Methods:** 180 elementary and middle school students from 6 schools, grades 2-8, were randomly selected from a larger pool of volunteers. Participating students wore Actical ® accelerometer for 5 days on the non dominant wrist with data collected in 1m epochs. The data were corrected using a double pass smoothing spline developed in our lab. Activity count data were converted to activity energy expenditure ($\text{ml} \cdot \text{min}^{-1} \cdot \text{kg}^{-1}$) using the methods of Heil, et al. The data were evaluated for time in sedentary, light, moderate and vigorous activity and separated by age, grade, gender, BMI, and socio-economic status. The data were further separated by weekdays vs. weekend; in school vs. out of school, time in recess, time in physical education and time in sport. **Results:** The data show better than national average in min of moderate to vigorous physical activity (MVPA) overall, in-school, out of school and during PE. Boys and girls were not generally different in MVPA. There is a dramatic drop in MVPA when students go from elementary school to middle school (both in and out of school). **Conclusions:** These data suggest an overall healthy youth PA local environment and that the Missoula School System and Dept. of Public Health along with associated agencies are being effective in promoting physical activity in Missoula. However, the 26% of Missoula 2nd - 8th grade students who are not meeting health PA guidelines remains a concern and the disparity between activity levels based on socioeconomic status needs to be addressed.

These data were collected as a public service by students and faculty in the Health and Human Performance Department at the University of Montana.

Major 6-8 Problems: *31% of 6th-8th grade students do not meet physical activity (PA) guidelines and lower socio-economic (SE) schools have lower PA than do higher SE schools. There is a great drop in average moderate-vigorous PA from elementary school to middle school and an increase in the number of students not meeting PA guidelines.
*23% of 6th-8th grade students were overweight. Being overweight was associated with lower PA scores.

Grades 9-12	Basic	Improved	Proficient	Superb
Lunch	N/A	Students permitted and encouraged to be physically active around campus during lunch.	Students encouraged being physically active during lunch. An opportunity for physical activity before the lunch hour to increase concentration.	Students given an opportunity for physical activity before and during lunch. A program in place to encourage physical activity, i.e. Walk to Lunch. Incentives given for students who choose to be physically active during lunch.
Classroom	N/A	Students have opportunities for movement every hour.	Students have opportunities for movement every hour. One "Take-10" activity planned during the day.	Students get to move every hour. Two take-10 activities incorporated into their day. Students encouraged to take the long way to class or to "take a lap" before or after class or other school and grade specific methods determined to encourage more walking or physical movement.
Health Enhancement	131 hrs (67.5hrs /semester for 2 years)	Daily physical education course offered lasting 45 minutes.	Daily physical education offered lasting 45 minutes. 50% of class time devoted to moderate to vigorous activity. Train current teachers with background to promote moderate and vigorous physical activity.	Daily physical education lasting 45 minutes, 60% -70% dedicated to moderate to vigorous activity. Instructor has a 4 year degree in PE and course covers subjects like target heart range, strength training, aerobics and calisthenics. Curriculum encourages life-time physical activities.
Health Enhancement Curriculum	Learn "Lifetime" activities and emphasize enjoyable individual outdoor pursuits. PA in both school and non school settings. Community awareness of physical activity. Weight training and conditions. Design fitness programs with aerobic and anaerobic activity in relationship with HR. 30 minutes of sustained aerobic workout.	Learn "life-long" sports and activities alongside regular sports.	Learn "life-long" sports as well as regular sports. Cover topics such as target heart range, etc. A general covering of health topics. Curriculum to include "Designing Physical Activity Programs for Weight Management, Health and Fitness." A general covering of health topics.	Learn "life-long" sports or activities as well as regular sports. Cover a wide range of exercise science topics such as target heart range, strength, cardio, and calisthenics. A good covering of general health topics as well. Curriculum to include "Designing Physical Activity Programs for Health and Fitness." Students run/walk 1 mile as part of school day before school or lunch as part of the HE curriculum.
Extra-curricular	N/A	Some organized sports teams for boys and girls, as well as a couple of intramural programs offered.	A variety of organized sports for boys and girls. Several organized intramurals including a program for disabled students. Before and after school programs have	A variety of organized sports teams and clubs for boys and girls, some of which have a "no-cut" policy. A variety of intramural programs for different skill levels and for disabled students.

Grades 9-12	Basic	Improved	Proficient	Superb
			physical activity component.	Participation is encouraged before and after school. Activities that encourage participation by normally less active students.
Commuting by Human Powered Movement	N/A	Students are made aware of safe-routes. Plenty of Bike racks available.	Safe-routes. Limit bussing to encourage walking/biking. Bus drop-off and parking are located away from school with monitored route to school (1/3-1/2 mile). Plenty of bike racks.	Students know the safe-routes. Bussing is limited and incentives offered for walking or biking. Bus drop-off / pick-ups and student parking located away from school with monitored route to school (1/3-1/2 mile). Walkpools, bikepools, offered. Plenty of bike racks.
Equipment	N/A	All high schools should offer an indoor and an outdoor area for recreation that is spacious enough for demand.	A spacious indoor and outdoor area for recreation that is marked for at least one sport each (soccer, basketball). Some sports equipment for use by students. School provides hours for community use of outdoor field	A spacious indoor gymnasium marked for various sports. Various outdoor sports fields for recreation that are marked. Plenty of sports equipment to play many sports and to meet the demand of students and some community members. School share use with community. Activity technology available for both classroom and PE teachers and students to enhance daily physical activity lessons (e.g. pedometers, heart rate monitors, websites).
Special Physical Activity Needs Strategies	N/A	Children with special needs are included whenever possible or given alternative ways to be physically active.	Children with special needs or disabilities are included whenever possible or given alternative ways to be physically active. Children who may be at a different skill level or are obese are made to feel safe to participate.	Children with special needs or disabilities are included whenever possible or given alternative ways to be physically active. Children who may be at a different skill level, or are obese are made to feel safe to participate. A program with consideration to this population is in place. Assistants or teachers aids are present for helping those children and adapting activities.
Parents Involvement	N/A	Send out monthly newsletter on physical activity opportunities in the city for parents and their youth.	Send out newsletters with strategies for improving students and parents physical activity habits with a large focus on "Life-time" physical activities.	Send out news letters and have presentations at monthly PTA meetings with strategies for improving students and parents Physical Activity habits with a large focus on "Life-time" physical activities. Offer monthly family MOVE outings for kids and parents.

Grades 9-12	Basic	Improved	Proficient	Superb
In School Education	N/A	Basic “Physical Activity Pyramid” in all schools in visible hall and classroom locations.	“Physical Activity Pyramid” in all schools in visible hall and classroom locations. Plus, monthly rotating posters on specific activity topics.	“Physical Activity Pyramid” in all schools in visible plus, monthly rotating posters on specific activity topics. Combine this with a coordinated newsletter and programs for parent (see above).
Faculty and Staff	N/A	Basic exercise physiology and obesity prevention information	Have available fitness testing to all faculty and staff who are interested and basic exercise physiology and obesity prevention information.	Provide fitness testing and basic exercise physiology, lifestyle physical activity and physical education to all staff (Target heart range, Strength, cardio, and Calisthenics)

9-12 Implementation Steps:

- Fall 2007: Inventory will be completed with each school as to status.
Each school (faculty, parents and students) will decide on one or more areas that they would like to improve.
This will be completed by Univ. of Montana students (Steven Gaskill) Monitor PA in High School students as was completed in grades 2-8 during the spring 2007.
- Spring 2008: Begin Implementation strategies. This will be initiated by individuals or groups most able to implement the strategy.
Monitor progress via University of Montana, Health and Human Performance dept., student research.

During the spring of 2007, students in grades 2-8 in 6 area schools (3 elementary and 3 middle) were monitored for intensity and time of physical activity using activity monitors. The final report on that data with about 350 students will be available by July, 2007. A summary of the preliminary data from the 1st 180 students is included below. No monitoring was done in the High Schools at that time. The information below pertains to grades 2-8.

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Steven E. Gaskill¹, Laura Mohar¹, Carla Cox¹, Tucker Miller¹, Kelly Rice²,
¹The University of Montana, HHP Dept. . ² Missoula City and Country Public Health Dept. Missoula MT. email: steven.gaskill@umontana.edu

Background: Physical activity is a critical determinant of long term health and for the prevention of youth onset – adult diseases. The CDC has recommended that all youth should accumulate 90 or more minutes of moderate to vigorous physical activity most days of the week. **Purpose:** To evaluate the physical activity patterns of Missoula youth in order to better suggest recommendations for physical activity interventions for a well policy. **Methods:** 180 elementary and middle school students from 6 schools, grades 2-8, were randomly selected from a larger pool of volunteers. Participating students wore Actical ® accelerometer for 5 days on the non dominant wrist with data collected in 1m epochs. The data were corrected using a double pass smoothing spline developed in our lab. Activity count data were converted to activity energy expenditure ($\text{ml} \cdot \text{min}^{-1} \cdot \text{kg}^{-1}$) using the methods of Heil, et al. The data were evaluated for time in sedentary, light, moderate and vigorous activity and separated by age, grade, gender, BMI, and socio-economic status. The data were further separated by weekdays vs. weekend; in school vs. out of school, time in recess, time in physical education and time in sport. **Results:** The data show better than national average in min of moderate to vigorous physical activity (MVPA) overall, in-school, out of school and during PE. Boys and girls were not generally different in MVPA. There is a dramatic drop in MVPA when students go from elementary school to middle school (both in and out of school). **Conclusions:** These data suggest an overall healthy youth PA local environment and that the Missoula School System and Dept. of Public Health along with associated agencies are being effective in promoting physical activity in Missoula. However, the 26% of Missoula 2nd - 8th grade students who are not meeting health PA guidelines remains a concern and the disparity between activity levels based on socioeconomic status needs to be addressed. These data were collected as a public service by students and faculty in the Health and Human Performance Department at the University of Montana.

Major 9-12 Problems: Unknown. Current status will be evaluated this fall (2007)

MCPS Physical Activity Wellness Recommendations

	Basic	Improved	Superb
Community Goals for all Youth and Adolescents	90 minutes a day of moderate* to vigorous* physical activity	100 minutes a day of moderate to vigorous physical activity with at least 10 minutes vigorous	120 minutes a day of moderate to vigorous physical activity with at least 15 minutes vigorous
Goal for School Based Activity **	30 minutes a day (150 minutes / week) of moderate to vigorous physical activity	35 minutes a day (175 minutes / week) of moderate to vigorous physical activity	40 minutes a day (200 minutes / week) of moderate to vigorous physical activity

* Moderate activity is defined as the equivalent of brisk walking.

Vigorous activity is defined as the equivalent of a slow jog (or higher) intensity.

** Includes getting to and from school and is equivalent to 1/3 of the “Daily Recommended PA Requirements.”

Community goals are based on research data evaluating:

- Health and weight maintenance (Basic)
- Health, weight and fitness maintenance (Better)
- Health, weight and fitness maintenance adequate to promote behavior change and lifetime activity (Best)
- The U.S. Center for Disease Control recommends that all youth (<18) acquire a minimum of 90 minutes of moderate to vigorous PA daily to reduce the future incidence of chronic diseases (heart disease, stroke, diabetes, some cancers, hypertension, high cholesterol etc). They further recommend 120 minutes a day of moderate to vigorous PA to maintain healthy weight which is a major contributor to chronic disease.

Strategies to obtain these goals are listed in the three matrices for each school level; elementary, middle and high.

MENTAL HEALTH

Marianne Moon and Maureen O'Malley – Chairs

Rubric and Recommendations

- First meetings were held with community mental health representatives from agencies, UM, and private practice. It was determined that most community mental health providers do not have adequate information about the mental health (and related) services currently available in the Missoula County Public Schools District. An informational meeting providing that information was held but the task was unwieldy in the amount of time which could be donated by the professionals.
- The co-chairs reviewed all services currently available in MCPS and attempted to identify gaps before clarifying short- and long-term goals. To our knowledge this has not been done previously in systematic style making it difficult to develop patterns, to identify long-term goals of what currently exists, or what funding sources are present or can be retained. All of this must be identified in order to have comprehensive programs which fit with the capabilities of both internal and community-based programs. Programs will need to fit with state regulations and budgets and well as local requirements in terms of Medicaid, CHIP, and other reimbursement sources.
- There is reason to believe that other parts of the MCPS system may also be looking at mental health needs and planning. This did not become evident until the end of the work but should be included in long-term planning.
- Mental Health & Wellness will require a cultural change beginning with Administration and spreading to teachers, staff, students, ancillary providers, and parents which will happen over a period of time and in a variety of ways.
- Mental Health will have to be viewed with the same level of importance and priority as physical health in order for changes to succeed.
- Ms. Moon and Ms. O'Malley are willing to serve as consultants on the project (at least in initial stages).

	Basic	Improved	Proficient	Superb
Goal: MCPS will assess mental health need in all schools in the district focusing on areas such as staffing, education re: mental health issues, services available both internally and in the community, and access to appropriate services for students and all staff.	Appropriate and comprehensive assessment tool will be researched and selected.	Decisions will be made re: how assessment will be administered with identified assessment tool, i.e. administered by whom, educating those administering tool, and setting timelines.	Assessment completed as planned and results compiled. Information sharing planned.	Needs to be addressed are identified and prioritized using results of the assessment. Further planning is done for both short and long term changes.
(Initial investigation of this goal has indicated that little is currently known about the best direction for MCPS to take to reach good mental health for students and staff. Considerable time and effort will be needed to gather the necessary information).				
Overall Goal for MCPS: MCPS will provide an environment for both students and staff that is conducive to good mental health.			.	

ENVIRONMENTAL HEALTH

Trudi Mizner – Chair

	Basic	Improved	Proficient	Superb
Neighborhoods	<p>Northside Neighborhood Council</p> <p>School Parents</p>	<p>Identify 3 more community action organizations related to school areas</p> <p>Focus groups to determine how neighborhoods can integrate school in their programs</p>	<p>Appoint liaison between community groups and schools to communicate goals and objectives between groups</p>	<p>School space is accessible to everyone for optimum use of space and time</p> <p>Collaboration between community and school to support individual programs and success for everyone</p>
Furnishings	<p>Building Maintenance Plan (obtain copy of plan)</p>		<p>Write goals and objectives using scientific theory base!</p>	<p>Consideration of goals and objectives will be included in purchasing and maintenance in all schools</p>
Building	<p>Identify gaps using SEAT (School Environmental Assessment Tool)</p> <p>Define contact person to determine following roles:</p> <ul style="list-style-type: none"> -Legal authority -Enforcement -Program use <p>Define contact person in school for each program:</p> <ul style="list-style-type: none"> -Music -Drama -Industrial Arts -Design 	<p>Review findings and formulate guidelines as reference</p>	<p>Each school will write own specific plan to address individual issues</p> <p>Share visions and coordinate efforts</p>	<p>Access to community for activities daily in all school buildings</p> <p>Environmental planning in all facilities</p> <p>Pollutant free in all area (mold, air, water-MCPHD)</p> <p>Art gallery in each school</p> <p>Murals on walls</p> <p>Music in halls</p>

	Basic	Improved	Proficient	Superb
Grounds	Garden Projects at various schools -Farm to School			Garden at every school Full use of sport areas
Occupants	Flagship Program Inservice to following: -Teachers and students -PTA -Resource Centers	Two school resource centers to develop plan for implementing environmental project in their school	Every school has students involved in environmental studies education	Environmental health addressed when health concerns arise for any student

GOALS:

- To develop a strategic mechanism for advocacy and facilitation to strengthen regional and local capacities in health promotions to provide conditions for learning and integral human development.
- To develop a school environment which fosters the full physical and academic potential in all children.
- To develop collective community spirit and action.
- To celebrate the historical and cultural heritage.

ACCESS TO HEALTH CARE

Linda Simon – Chair

Standards

Missoula County Public Schools approved Health and Wellness Policy #2510 on July 11, 2006. It states that MCPS aspires to be a model school district that demonstrates a culture of comprehensive health. To aid in becoming a model district, the MCPS Health and Wellness Leadership Council asked subcommittees to develop standards to address the nine wellness components identified in the Wellness Policy.

The nine wellness components in the Health and Wellness Policy are similar to the eight components of a Coordinated School Health Program. The latter's definition is accepted and endorsed by organizations such as National School Board Association, Centers for Disease Control, American School Health Association and National Association of School Nurses. Below are listed the components for comparison.

MCPS Wellness Policy Components

- Nutrition
- Physical activities and access to fitness opportunities and facilities,
- Mental health
- Indoor environmental health
- Access to health care
- Advertising that supports healthy decisions, employee health and wellness
- Professional development for teachers about health and wellness,
- Education for students about health and wellness
- Employee health and wellness

Coordinated School Program Components

- Nutrition Services
- Physical Education
- Counseling and Psychological Services
- Healthy School Environment
- Health Services
- Health Promotion for Staff
- Health Education
- Family and Community Involvement

The Access to Health Care subcommittee has developed the attached standards. The subcommittee has interpreted the term "Access to Health Care" as issues surrounding student's health insurance, consistent and preventative health care and school health services. Unmet health needs have a negative impact on the educational process of school aged children and youth.

According to the Kaiser Commission, 25% of Montana's children have Medicaid, 4.7% have CHIP, 52% have employee sponsored insurance and 15% have no insurance. Parents are less able to obtain healthcare for their child without insurance or when insurance deductibles are excessive for that family. This is a community issue that impacts the educational mission of schools directly; students with unmet health needs are not able to fully participate in the educational process.

Every child needs a “medical home”: a healthcare provider who has an established relationship with the parent and child to provide care when health issues arise but also preventative care to prevent future problems. Multiple factors influence the lack of obtaining a medical home and include lack of insurance, high deductibles for care, families in geographic transition, families stressed with lack of resources such as time and transportation and barriers to access such as limited office hours or appointment availability. This is a community issue that directly impacts schools.

The Centers for Disease Control and Prevention defines School Health Services as the following.

“Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.”

School nurses are a large component of school health services. Although many states have regulations about the educational level and the staffing ratio of school nurses, many do not. Montana is a state that has no such regulations. Missoula County Public Schools employs both registered nurses and licensed practical nurses in limited numbers. There are schools in Montana and in Missoula County that have made a significant commitment to professional school nursing in their school such as Hellgate Elementary and Helena.

Current ratios based on MCPS enrollment of December 2006

Total enrollment K-8	Total RN	RN/ Student Ratio	Total LPN	LPN/ Student ratio	Nurse Ratio
4848	1.0 FTE	1:4,848	1.69 FTE	1:2,868	1:1,802

Total enrollment 9-12	Total RN	RN/ Student Ratio	Total LPN	LPN/ Student ratio	Nurse Ratio
3868	0.375 FTE	1:10,314	2.625 FTE	1:2,626	1:1,289

Total enrollment K-12	Total RN	RN/ Student Ratio	Total LPN	LPN/ Student ratio	Nurse Ratio
8714	1.375	1:6,337	4.315	1:2,019	1:1,531

References

Centers for Disease Control. (2005, July). *Coordinated School Health Program*. Retrieved January 12, 2007 from <http://www.cdc.gov/healthyyouth/cshp/>

The Kaiser Commission on Medicaid and the Uninsured. (2007, February). *Children health fact sheets; Montana and the United States*. In Children’s Health Data and State by State Fact Sheets. Retrieved February 20, 2007 at <http://www.kff.org/medicaid/kcmu020907pkg.cfm>

Rubric

	Basic	Improved	Proficient	Superb
Access to health care coverage: information re: options	<p>All schools will have access to information regarding coverage options. i.e. have CHIP brochures available/ sliding scale at PHC.</p> <p>WHO: School Nurse/ School LPN's to ensure availability w/ FRC's and schools. STATUS: All K-8 schools have CHIP brochures 11/06</p>	<p>Schools will know resources to refer parents for assistance for applications.</p> <p>WHO: FRC/ School Nurse/ School LPN's STATUS: MCCHD provided in-service to School Nurses/ most school LPN's 5/06.</p> <p>Measures to promote coverage. WHO: Community resources STATUS:</p>	<p>Schools will have a knowledgeable resource person to assist parents.</p> <p>WHO: St. Pat's to offer training to FRC's STATUS: preliminary; plan spring of 06-07 school year</p>	<p>Resource person follows up with parents to assure coverage application completed, sent, & rec'd.</p> <p>WHO: FRC, School health nurses, MCCHD STATUS: MCCHD does now <u>when</u> referral made.</p>

Recommendations: Lack of health care coverage is a community issue that affects the schools; unmet health needs of students have a negative impact on the educational process. The recommendations specific to MCPS' role include: #1 Promoting qualified staff that interact with students and families in matters of health. #2 The promotion and maintenance of collaborative efforts between the schools and community partners to disseminate information.

	Basic	Improved	Proficient	Superb
Medical Home : Every Student Needs One	<p>Obtain primary medical provider information (name) upon enrollment.</p> <p>WHO: All schools currently require enrollment forms. Status: Ongoing</p>	<p>Yearly newsletter item explaining and promoting Medical Home. WHO: School Nurse Status: Done K-8</p> <p>Discuss advantages of medical home with parents when opportunity arises. WHO: School Nurses, other knowledgeable staff as appropriate. Status: Ongoing but limited r/t lack of resources such as knowledgeable staff with time resources.</p> <p>Written information about "Medical Homes" given to parents upon enrollment. WHO: School Nurse K-8 to develop and disseminate to schools Status: Will start school year 07-08</p>		<p>Phone contact with individual parents when no primary healthcare provider identified.</p> <p>WHO: School Nurse. Consider MSU School of Nursing. STATUS: Unable to do currently d/t lack of resources i.e. knowledgeable staff with time resources.</p>

Recommendations: Fragmentation of health care for school aged youth contributes to a reduction in the quality of health care and lack of preventative care. Although this is primarily the responsibility and domain of community partners, unmet health needs of students have a negative impact on the educational process. The recommendations specific to MCPS' role include education about and promotion of the concept of a medical home and being an information resource to parents and students.

	Basic	Improved	Proficient	Superb
Access to School Health Services	<p>All schools have 2-3 CPR/ First Aid trained staff available.</p> <p>WHO: MCPS STATUS: 100% or soon to be 100%.</p>	<p>All schools have intermittent nursing services available for screenings, referrals and general oversight. A mix of LPN's and RN's are used.</p> <p>WHO: MCPS STATUS: Present w/ limitations at 15 of 17 schools.</p>	<p>School nurse services are given primarily by BSN RN's. The use of LPN's will focus on delivery of specific health care tasks not assessment and planning. Health services are organized in MCPS in a coordinated manner PK-12.</p> <p>WHO: MCPS Status: Not met at this time</p>	<p>All schools have access to professional school nurse services (BSN RN) to meet school health needs adequately. (Recommended ratio 1:750 students)</p> <p>WHO: MCPS Status: Not met at this time.</p>
<p>Recommendations: At different times historically, resources in the community contributed to school health services. This included the use of public health registered nurses in the schools (1970's or before) and in kind services for part time registered nurses from their respective agencies in select schools in 1995-2007. There are limitations with using donated services as well as donated services being limited to non-existent. The complexity of students needs, including health needs, has not decreased over time but rather increased. The recommendation specific to MCPS' role is to move towards the proficient category by budgetary allocations, specifically starting with an added position to include coordination of K-12 school health services.</p>				

	Basic	Improved	Proficient	Superb
Access to health screenings.	<p>School populations will have educationally relevant screenings at appropriate intervals. (vision and hearing)</p> <p>WHO: MCPS School Nurses/ School LPN's for vision MCPS special education for hearing STATUS: Programs in place, unsure of availability at Willard and Seeley for vision.</p>	<p>Screening results will be acted upon. Follow up will be done on all referrals in a timely manner to include assessment of health coverage.</p> <p>WHO: MCPS school nurses/staff who do hearing screening STATUS: K-8 vision f/u done but may take up to 4-5 months after screening ? for Hearing ? for High schools</p>	<p>Screenings potentially expand to include other health issues i.e. dental, blood pressure, BMI etc.</p> <p>WHO: School nurses/ HE teachers in coordination with outside resources such as MSU School of Nursing, volunteer dental professionals, etc. STATUS: Limited to none at this time</p>	<p>Educational efforts will be made toward screening results. (example BP or BMI would have population based education and individual referral)</p> <p>WHO: School nurses/ HE teachers with assist of outside resources. STATUS:</p>
<p>Recommendations: Health screenings that are directly educationally relevant are naturally a priority. Screenings need to be coordinated in a way that uses resources wisely, assures appropriate response to findings and documents and tracks results and interventions. Health screenings for additional health concerns such as untreated dental disease, hypertension or extremes of BMI may not at first glance appear to be a concern of the schools. Consider the following: unmet health needs of students have a negative impact on the educational process and health education without coordination of actual health status has reduced impact and relevance. MCPS' guiding principals include that "health and wellness is essential" and that MCPS "has a responsibility to motivate students to become.... productive citizens." The recommendation specific to MCPS' role is allocating resources to improve upon current screenings, support added screenings, and promote collaboration with outside resources.</p>				

	Basic	Improved	Proficient	Superb
Data and information system: school health services, school based screenings, and interventions.	<p>Health screening information is assessable to pertinent school staff and transferred to new schools. Basic health information is collected from parents, pertinent staff has access.</p> <p>WHO: MCPS STATUS: Variable</p>	<p>Health information and screening results are reviewed for need for further interventions.</p> <p>WHO: MCPS: School Nurses or staff who do screenings STATUS: Variable</p>	<p>The most significant health interventions are documented by all health services staff. Staffs have consistent access to information technology.</p> <p>WHO: MCPS STATUS: Variable, improvement needed.</p>	<p>Health interventions are consistently and professionally documented. Documentation is assessable to pertinent staff for the purposes of providing improved and coordinated services. Liability risks are reduced.</p> <p>WHO: MCPS STATUS: Variable, improvement needed.</p>
<p>Recommendations: This is an internal MCPS issue. Changes in technology are occurring now in MCPS. Recommendations specific to MCPS' role is to support the use of technology by health services including the equipment, training and time availability.</p>				

ADVERTISING THAT SUPPORTS HEALTHY DECISIONS

Based on participation, no sub-committee was formed to develop standards for this topic.

EMPLOYEE HEALTH AND WELLNESS

Larry Johnson – Chair

Proposed Wellness Program Options

Worksite Wellness Quality Standards	May – December 2007 Plan A	January 2008 – December 2009 Plan B	January 2010 Plan C
Leadership	♦ MCPS Wellness Committee	♦ .5 Coordinator (health promotion degree preferred)	♦ 1.0 Coordinator (health promotion degree recommended)
Mission	<i>MCPS is a model school district that demonstrates a culture of comprehensive health and wellness. Our wellness program is based on best practices to improve and maintain the health and productivity of plan members, and help offset the rising cost of health care.</i>		
Assessment Tool	♦ None	<ul style="list-style-type: none"> ♦ Health Screenings (lab, bone density, blood pressure) ♦ Medical Claims Data ♦ HRA (minimal incentive; e.g., self-care books) 	<ul style="list-style-type: none"> ♦ Health Screenings (lab, bone density, blood pressure) ♦ Medical Claims Data ♦ HRA (large incentive; e.g., cash)
Target Audience	♦ Healthy (interested participants; voluntary)	<ul style="list-style-type: none"> ♦ Healthy (interested participants; voluntary) ♦ High Risk 	<ul style="list-style-type: none"> ♦ Healthy (incentivized participation) ♦ High Risk
Interventions	<ul style="list-style-type: none"> ♦ Promote Community Events and Health Fairs ♦ Promote Established Fitness Campaign (e.g., Shape up Montana, American Heart Assoc.) ♦ Fitness Club Discounts ♦ Wise Health Care Consumerism (generic and MCPS insurance plan-specific) 	<i>Interventions same as Plan A, plus...</i> <ul style="list-style-type: none"> ♦ Health/Wellness Education (classes, workshop, seminars) ♦ Medical Self-Care Book (incentive for HRA) ♦ Online Medical Self-Care ♦ Health Coaching 	<i>Interventions same as Plans A & B, plus...</i> <ul style="list-style-type: none"> ♦ Disease Management (in-house and/or out-sourced; e.g., Diabetes, Heart Disease, Metabolic Syndrome, Depression, Resiliency/Optimism/Mindfulness) ♦ One-on-one Professional Consults (diet and exercise) ♦ Incentive (based on earned credits)
Tracking System	♦ None	<ul style="list-style-type: none"> ♦ Participation utilization ♦ HRA 	♦ Same as Plan B
Measure Outcomes	♦ Meet the goals	<ul style="list-style-type: none"> ♦ Participant Satisfaction (percentage satisfied) ♦ Readiness for Change Status (pre and post-activity) ♦ HRA Data (compare annual reports) ♦ Estimating Preventable Claims form 	♦ Same as Plan B
Communicate Results	♦ Final Wellness Committee Report (presented at January Insurance Committee meeting)	<ul style="list-style-type: none"> ♦ Summary of Program Evaluations ♦ Annual Wellness Report (accomplishments utilization challenges and goals; January Insurance Committee mtg) ♦ HRA Corporate Report – Executive Summary 	<ul style="list-style-type: none"> ♦ Same as Plan B, plus ♦ Economic Impact Report (documented ROI)

Marketing	<ul style="list-style-type: none"> ◆ Onsite promotions by Wellness Committee members at November meetings ◆ Program Name and Logo 	<ul style="list-style-type: none"> ◆ E-mail, Website, MCPS News and Notes, List serve, Home Mailings, Paycheck Stuffers 	<ul style="list-style-type: none"> ◆ <i>Same as Plan B, plus</i> ◆ Targeted Personal Invitations (disease management)
Management Commitment:			
Required Senior Management Commitment	Get buy-in and support from <ul style="list-style-type: none"> 1. Insurance Committee 2. Superintendent and School Board 3. Union Leaders and Negotiators 4. Principals and Supervisors 	<i>Same as Plan A</i>	<i>Same as Plan A</i>
Equipment/Tools	Operating Expenses (paper, copy costs, website).....\$250 Postage (bulk mailing – home mailer).....\$250 Subtotal..... <u>\$500</u>	Computer.....\$1,000 HRA & Online Self-Care.....\$33,000 (50% plan members* = 1000 X \$33 (\$2.75 pmpm***) Self-Care Books/Education.....\$6,000 (50% employees** = 600 X \$10/book) Health Coaching.....\$50,000 (50% HRA plan members = 1000; 25% high risk = 250 people X \$200/person) Operating Expenses.....\$2,000 Classes, Seminars, Workshops (self supporting).....N/C Sub-Total..... <u>\$92,000</u>	Professionals (1-on-1 consults).....\$15,000 Disease Management.....\$15,000 HRA & Online Self-Care.....\$52,800 (80% plan members = 1600 X \$33 (\$2.75 pmpm) Health Coaching\$80,000 (80% HRA plan members = 1600; 25% high risk = 400 X \$200/person) Incentive.....\$160,000 (80% plan members = 1600 X \$100) Operating Expenses.....\$4,000 Classes, Seminars, Workshops (self supporting).....N/C Sub-Total..... <u>\$326,800</u>
Personnel:	Committee Members..... <u>\$1,500</u> (release time, subs - 6 people @ 2.5 days)	.5 Coordinator (salary + benefits)..... <u>\$30,000</u>	1.0 coordinator (salary + benefits)..... <u>\$60,000</u>
Facilities:	n/a	Office space, phone, desk, chair.....N/C	Office space, phone, desk, chair.....N/C
Total Funding	\$2,000	\$122,000	\$386,800

* Plan Members = 2,000 (includes employees plus insured spouses)

** Employees = 1,200 (includes certified, classified and retirees)

***PMPM = Per member per month

Created by MCPS Wellness Committee; April 26 & 27, 2007:

Tim Bolten (chair), Darlene Burtch, John Marks, Korey Wolferman, Alison Livingston, Dave Hamilton, Laura Coulter, Leslie Brassfield, Amy Mack, Sherry Toft, Jana Monser, Cyndy Braun.

PROFESSIONAL DEVELOPMENT FOR TEACHERS ABOUT HEALTH AND WELLNESS

Susan Arthur – Chair

Attached is a draft of a rubric that has been developed without collaboration with district staff. It reflects a professional development plan based on the premise that if staff members become invested in personal wellness, they will positively impact student health and wellness. The rubric will be finalized once the Employee Wellness Subcommittee has completed their work targeting the essential professional development to provide support to implementation of an employee wellness program.

	Basic	Improved	Proficient	Superb
PROFESSIONAL DEVELOPMENT	Understand MCPS Wellness Policy <i>100% of staff</i>	Understand the components of wellness and how to apply them to enhance personal health and fitness. <i>25% of staff 2007-08</i> <i>40% of staff 2008-09</i> <i>60% of staff 2009-2010</i> <i>80% of staff 2010-2011</i> <i>100% of staff 2011-2012</i>	Assess personal health and fitness levels.	Develop personal health and fitness plan.

EDUCATION FOR STUDENTS ABOUT HEALTH AND WELLNESS

See the MCPS Health Enhancement curriculum document at:

<http://www.mcps.k12.mt.us/portal/Departments/CurriculumServices/HealthEnhancement/tabid/862/Default.aspx>